PROJECT ACCESS of Johnston County
HEALTH CARE PROVIDER
PARTICIPATION FORM

NAME OF PROVIDER:

Address:

GROUP NAME:

CONTACT PERSON (MANAGER):

PHONE:

Fax:

Email:

YES! I'll do my part to make Project Access of Johnston County a success.

☐ **Yes! - I agree to accept 25 patients per year from the Project Access program.**

☐ No, however I will accept _______ patients per year from the Project Access program**.**

(Print Name of Provider)

Signature____ Date_________________

PLEASE RETURN TO:

PROJECT ACCESS

% Kathy Rogols, BSN/ Executive Director
The Summit Medical Center
Suite 100
11618 US Hi-Way 70 West
Clayton, NC 27520
Phone: 919.550.0011
Fax: 919.359.0527